

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. MICHAEL E. TRAEGER**

Mailing Address 7105 ANTRIM CT

City	State	Zip Code
EDINA	MN	55439-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOLUTION ENTERPRISES, INC.**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.127191**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**B. Full Name (Last, First, Middle Initial)**

**BRYAN TRAMONT**

Mailing Address 1406 21ST ST NW

City	State	Zip Code
WASHINGTON	DC	20036-5901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WILKINSON BARKER KNAUER**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.137944**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		11		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**DAN TRAN**

Mailing Address 1116 WIRT RD

City	State	Zip Code
HOUSTON	TX	77055-6851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**INSURANCE AGENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

**Transaction ID : SA17.135331**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

**Subtotal Of Receipts This Page (optional)**.....

3800.00

**Total This Period (last page this line number only)**.....